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CONFIRMATION NO. 6479

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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

none

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/10/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 5
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## TITLE

MEDICAL ASSEMBLY WITH TRANSDUCER FOR LOCAL DELIVERY OF A THERAPEUTIC SUBSTANCE AND METHOD OF USING SAME

<b>FILING FEE RECEIVED</b> 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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